

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2017
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ASBURY PLACE AT KINGSFORT B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2017
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSFORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSFORT, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 1/24/17. During this Life Safety Survey, Asbury Place at Kingsport was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the means of egress. NFPA 101 2012 Ed. 19.2.1, 7.1.10.2.1 The deficiency affects 1 of 4 smoke compartments. The census the day of the survey was 46 residents. The findings include: Observation at 10:30 AM 2:50 PM revealed a	K 000	K211 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Scale was removed from corridor on 1/25/17 and relocated to an appropriate location. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: No other obstructions were identified in the health care center.		
K 211 SS=D		K 211			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Charlotte A. Cochran 2-17-17 Administrator 2-17-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445481

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ASBURY PLACE AT KINGSPORT

B. WING

(X3) DATE SURVEY
COMPLETED

01/24/2017

NAME OF PROVIDER OR SUPPLIER

ASBURY PLACE AT KINGSPORT

STREET ADDRESS, CITY, STATE, ZIP CODE

100 NETHERLAND LANE

KINGSPORT, TN 37660

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 211

Continued From page 1
weigh scale for the residents is stored in the
corridor by resident room 25.

The director of facilities was present when the
deficiency was identified and acknowledged by
the administrator during the exit conference on
1/24/17.

K 353
SS=D

NFPA 101 Sprinkler System - Maintenance and
Testing

Sprinkler System - Maintenance and Testing
Automatic sprinkler and standpipe systems are
inspected, tested, and maintained in accordance
with NFPA 25, Standard for the Inspection,
Testing, and Maintaining of Water-based Fire
Protection Systems. Records of system design,
maintenance, inspection and testing are
maintained in a secure location and readily
available.

a) Date sprinkler system last checked

b) Who provided system test

c) Water system supply source

Provide in REMARKS information on coverage for
any non-required or partial automatic sprinkler
system.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

This STANDARD is not met as evidenced by:

Based on observation, the facility failed to
maintain the automatic sprinkler system.

NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5

NFPA 25 2011 Ed. 5.2.1.1.1, 5.2.1.1.2

The deficiencies affect 1 of 4 smoke
compartments. The census the day of the survey

K 211

What measures will be put in
to place or what systemic
changes will you make to
ensure that the deficient
practice does not recur:

Reviewed the life safety
guidelines regarding
unobstructed egress. Director
or designee maintains a log of
daily rounds to maintain
unobstructed egress and record
any corrective actions needed.
Associates from all
departments have been
educated on the need to
maintain unobstructed egress.
Documentation of training is
being maintained at the
community.

How the corrective action(s)
will be monitored to ensure
the deficient practice will not
recur; i.e. what quality
assurance program will be put
into place:

Facilities Director or designee
will maintain a daily log for 1
month then weekly check for 2
months.

NHA or designee will audit the
daily log for completion weekly
x 4 and monthly x 2.

2/17/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ASBURY PLACE AT KINGSPORT B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2017
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37680		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 353	Continued From page 2 was 46 residents. The findings include: Observation on 1/24/17 at 11:30 AM and 2:20 PM revealed 4 of 4 sprinkler heads in the laundry room are corroded and 2 of 2 sprinkler heads are corroded in the sprinkler riser room. The director of facilities was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 1/24/17.	K 353	K353 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Corroded sprinkler heads removed and replaced on 2/8/17 by Moody Sprinkler as per NFPA regulations. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Facilities Director performed a visual inspection of sprinkler heads for corrosion in all areas of the health care center. Inspection completed on 2/14/17.		
K 791 SS=D	NFPA 101 Construction, Repair, and Improvement Operati Construction, Repair, and Improvement Operations Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241. 18.7.9, 19.7.9, 4.6.10, 7.1.10.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to document areas under construction is being checked that the means of egress are clean and unobstructed. NFPA 101 2012 Ed. 19.7.9.2, 7.1.10.1 The deficiencies affect 1 of 4 smoke compartments. The census the day of the survey was 46 residents. The findings include:	K 353			

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSFORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSFORT, TN 37660		
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K 791	Continued From page 3 Record review and interview with the director of facilities on 1/24/17 at 10:40 AM revealed no documentation indicating that the means of egress of the area that is under construction is being inspected daily that the means of egress is continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The director of facilities was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 1/24/17.	K-791	What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur: Inspection of the sprinkler heads has been added to the quarterly maintenance program documentation. Facilities Director will verify completion of inspection and document on the quarterly inspection log. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: Inspection of the sprinkler heads will be performed monthly x 3 by Facilities Director or designee.		
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be	K-923		2/17/17	

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K 791 SS=D	NFPA 101 Construction, Repair, and Improvement Operations Construction, Repair, and Improvement Operations Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241, 18.7.9, 19.7.9, 4.6.10, 7.1.10.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to document areas under construction is being checked that the means of egress are clean and unobstructed. NFPA 101 2012 Ed. 19.7.9.2, 7.1.10.1 The deficiencies affect 1 of 4 smoke compartments. The census the day of the survey was 46 residents. The findings include:	K 791	<p>K791</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were identified as being adversely affected by this deficiency.</p> <p>A log has been initiated to identify that all egresses are continually unobstructed.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>No residents were identified as being adversely affected by this deficiency.</p>		

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K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be	K 923			

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KING K923	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were adversely affected by this deficiency. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: No other Residents are at risk as this is the only oxygen storage area at this time What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur: Facilities Director affixed an 'Oxygen Storage' sign outside of room on 1-25-17. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:	DATE	(X5) COMPLETION DATE
K 923	<p>Continued From page 4</p> <p>handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide oxygen storage signage on the door.</p> <p>NFPA 101 2012 Ed. 19.3.2.4 NFPA 99 2012 Ed. 11.3.4.1, 11.3.4.2</p> <p>The deficiencies affect 1 of 4 smoke compartments. The census the day of the survey was 46 residents.</p> <p>The findings include:</p> <p>Observation on 1/24/17 at 2:35 PM revealed the facilities oxygen storage room door is not provided with any signage. The oxygen storage room has greater than 300 cubic feet of oxygen storage.</p> <p>The director of facilities was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 1/24/17.</p>	K 923	<p>Facilities director or designee will inspect monthly to determine that signage is on the door.</p>	2/17/17	